## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

**Application or Docket Number** 

10/533994

|  |  |   |   |                               |              |                                |   |                     |                        |    |                           | 7                      |
|--|--|---|---|-------------------------------|--------------|--------------------------------|---|---------------------|------------------------|----|---------------------------|------------------------|
|  |  | CLAIMS A                                  | AS FILED - PART I                                 |                               |              | TYPF                           |   | SMALL ENT           | ITITY 0                |    | OTHER THAN R SMALL ENTITY |                        |
| U.S. NATIONAL STAGE FEES   |  |   | (Column 1)  |                               | <u>(</u>     | (Column 2)                     |   | RATE                | FEE                    | 1  |                           | 1                      |
|  |  |   | CMALL CAST - 0.450                                |                               |              |                                |   |                     | PEE                    |    | RATE                      | FEE                    |
| BASIC FEE  |  |   | SMALL ENT. = \$ 150  Satisfies PCT Article 33(1)- |                               |              | SE.ENT. = \$ 300               |   | BASIC FEE           | 150                    | OR | BASIC FEE                 |                        |
| EXAMINATION FEE  |  |   | (4) = \$50/\$100<br>U.S. is ISA = \$50/\$100      |                               |              | ther situations = 100 / \$ 200 |   | EXAM. FEE           | 50                     |    | EXAM. FEE                 |                        |
| SEARCH FEE   |  |   | ALL other countries = \$ 200 / \$ 400             |                               |              | her situations = 250 / \$ 500  |   | SEARCH FEE          | 100                    |    | SEARCH FEE                |                        |
| FEE FOR EXTRA SPEC. PGS.   |  |   | min   | us 100 =                      | / 50 =       |                                |   | X \$ 125 =          | ·                      |    | X \$ 250 =                |                        |
| TOTAL CHARGEABLE CLAIMS  |  |   | 82 mi   | nus 20 =                      | . 6          | ,2                             |   | X \$ 25 =           | 1550                   | OR | X \$ 50 =                 |                        |
| INDEPENDENT CLAIMS   |  |   | // minus 3 =                                      |                               | * 4          | 8                              |   | X \$ 100 =          | 800                    | OR | X \$ 200 =                |                        |
| MUL  | TIPLE DEPEN                                    | DENT CLAIM PRI                            | ESENT   |                               |              |                                |   | + \$ 180 =          |                        | OR | + \$ 360 =                |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |   |                               |              |                                |   | TOTAL               | 2650                   | OR | TOTAL                     |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)            |  |   |   |                               |              |                                |   | SMALL E             | NTITY                  | OR | OTHER SMALL E             |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY | PRESENT<br>EXTRA               |   | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                      | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus   | **                            |              | =                              |   | X \$ 25 =           |                        | OR | X \$ 50 =                 |                        |
|  | Independent                                    | *   | Minus   | ***                           |              | =                              |   | X \$ 100 =          |                        | OR | X \$ 200 =                |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                               |              |                                |   | + \$ 180 =          |                        | OR | + \$ 360 =                |                        |
|  |  |   |   |                               |              |                                |   | TOTAL ADDIT.<br>FEE |                        | OR | TOTAL ADDIT.<br>FEE       |                        |
|  |  | (Oaluma - 4)                              |   | (0-1                          | 0)           | (0-1                           |   |                     |                        |    |                           |                        |
|  |  | (Column 1) CLAIMS                         |   | (Colur<br>HIGH                |              | (Column 3)                     | Г | <del></del>         |                        | r  |                           |                        |
| AMENDMENT B  |  | REMAINING AFTER AMENDMENT                 | 9   | NUMI<br>PREVIO<br>PAID        | BER<br>BUSLY | PRESENT<br>EXTRA               |   | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                      | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus   | **                            |              | =                              |   | X \$ 25 =           |                        | OR | X \$ 50 =                 |                        |
| AMEN   | Independent                                    | *   | Minus   | ***                           |              | =                              |   | X \$ 100 =          |                        | OR | X \$ 200 =                |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                               |              |                                |   | + \$ 180 =          |                        | OR | + \$ 360 =                |                        |
|  |  |   |   |                               |              |                                | - | TOTAL ADDIT.<br>FEE |                        | OR | TOTAL ADDIT.<br>FEE       |                        |
|  |  |   |   |                               |              |                                |   | _                   |                        |    | -                         |                        |

<sup>\*</sup> If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.